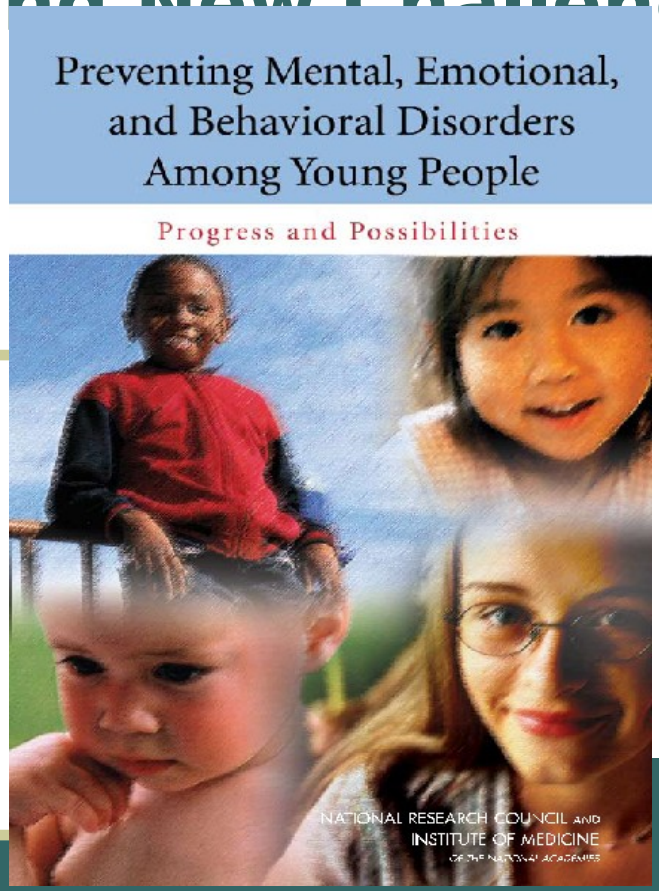
Prospects for the Prevention of Mental Illness:
New Developments and New Challenges


Preventing Mental, Emotional, and Behavioral Disorders Among Young People
Progress and Possibilities
NATIONAL RESEARCH COUNCIL AND
INSTITUTE OF MEDICINE

US Navy & Marine Corps COSC Conference 2010

presentation by

William R. Beardslee, MD

19 May 2010

THE NATIONAL ACADEMIES
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COSC Program and FOCUS Program

- Naval Center - Combat and Operational Stress Control
- FOCUS Program – Families OverComing Under Stress – a resilience building program for military families and children now in use at 14 bases

Committee Charge

- Review promising areas of research
- Highlight areas of key advances and persistent challenges
- Examine the research base within a developmental framework Review the current scope of federal efforts
- Recommend areas of emphasis for future federal policies and programs of research

Disorders Are Common and Costly

- Around 1 in 5 young people (14-20%) have a current disorder
- Estimated $247 billion in annual costs
- Costs to multiple sectors – education, justice, health care, social welfare
- Costs to the individual and family

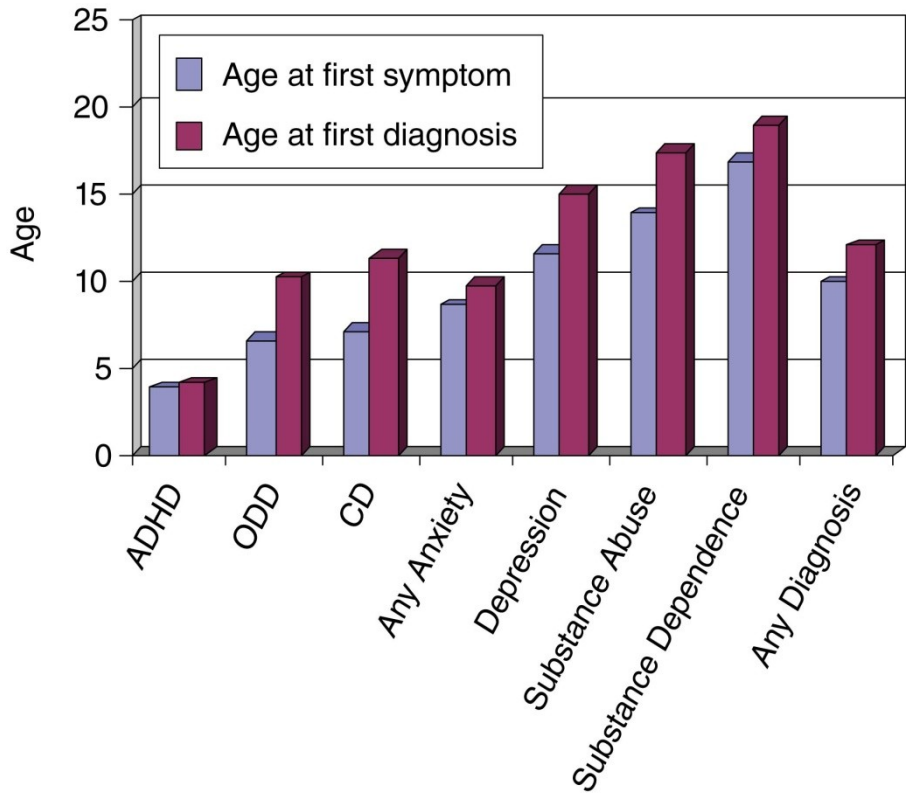
Preventive Opportunities Early in Life

- Early onset (¾ of adult disorders had onset by age 24; ½ by age 14)
- First symptoms occur 2-4 years prior to diagnosable disorder
- Common risk factors for multiple problems and disorders

Key Core Concepts of Prevention

1. Prevention requires a paradigm shift
2. Mental health and physical health are inseparable
3. Successful prevention is inherently interdisciplinary
4. Mental, emotional, and behavioral disorders are developmental
5. Coordinated community level systems are needed to support young people
6. Implementation/dissemination is essential

Prevention Window



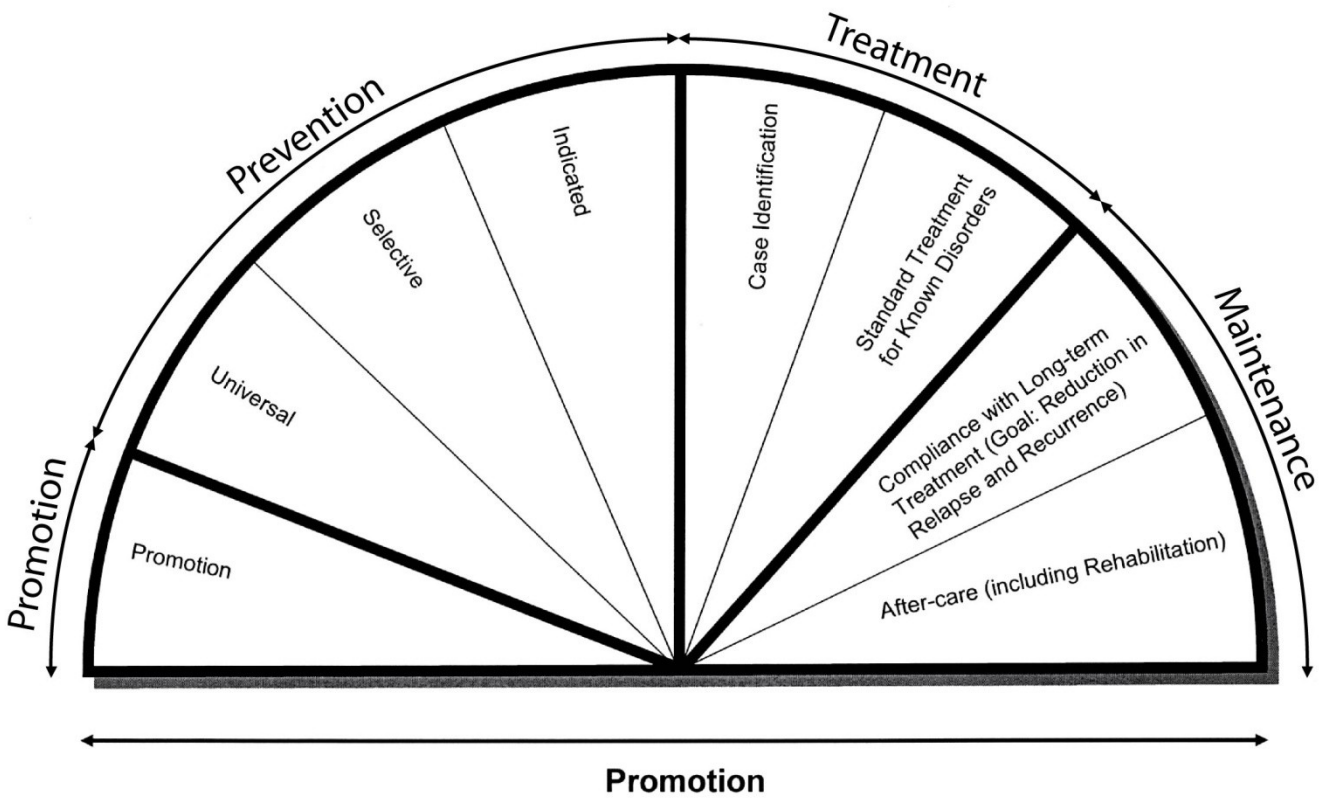
Defining Prevention and Promotion

- Prevention should not include the preventive aspects of treatment
- Prevention and promotion overlap, but promotion has important distinct role
- Mental health not just the absence of disorder

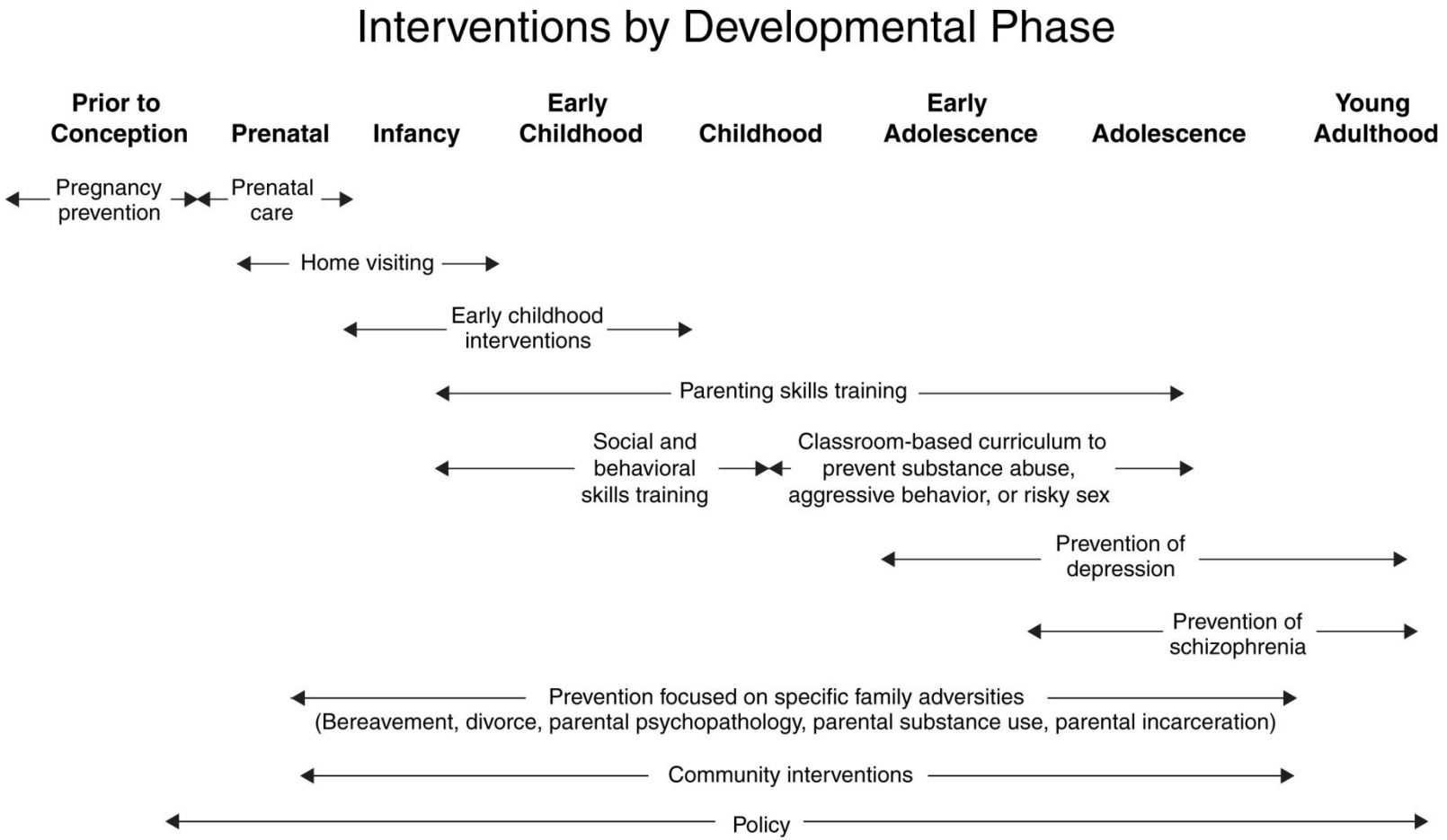
Mental Health Promotion Aims to:

- Enhance individuals'
  - ability to achieve developmentally appropriate tasks (developmental competence)
  - positive sense of self-esteem, mastery, well-being, and social inclusion
- Strengthen their ability to cope with adversity

Prevention AND Promotion



Preventive Intervention Opportunities



Evidence that Some Disorders Can be Prevented

- Risk and protective factors focus of research
- Interventions tied to factors
- Multi-year effects on substance abuse, conduct disorder, antisocial behavior, aggression and child maltreatment

Evidence that Some Disorders Can be Prevented (continued)

- Indications that incidence of adolescent depression can be reduced
- Interventions that target family adversity reduce depression risk and increase effective parenting
- Emerging evidence for schizophrenia

Implementation

- Need to move from efficacy toward effectiveness trials
- Implementation research has highlighted:
  - complexity
  - important role of community

Implementation Approaches

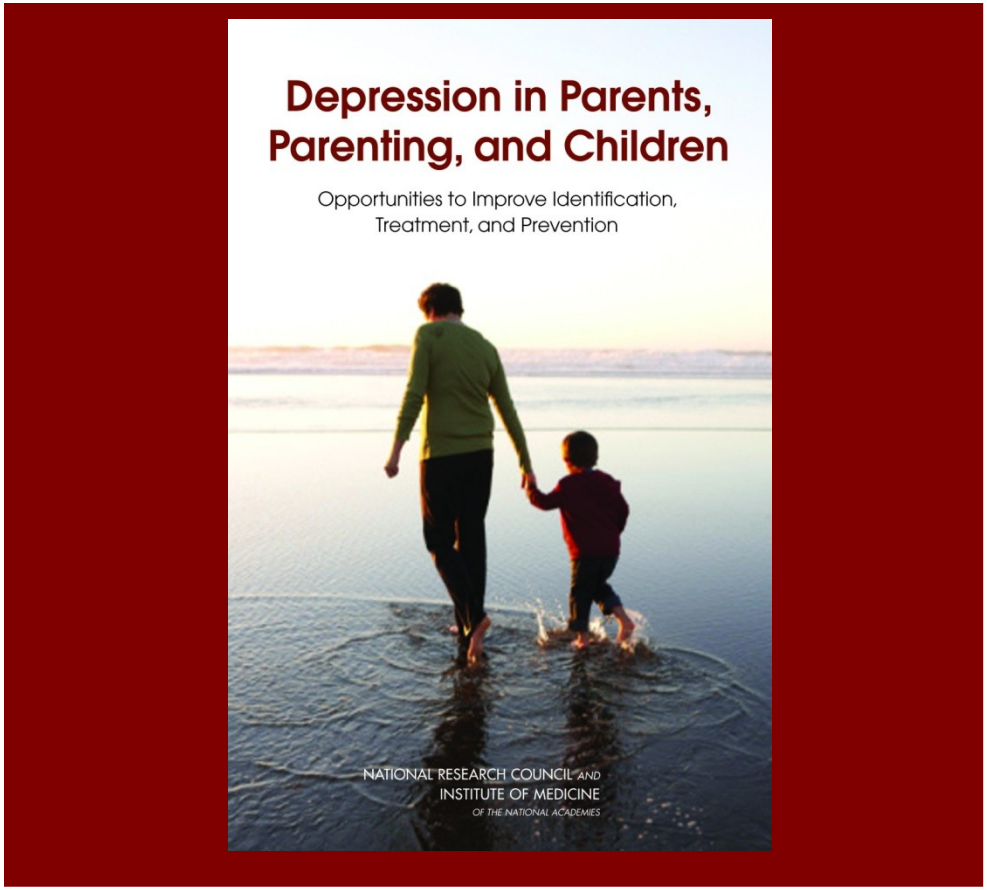
- Implement specific evidence-based programs
- Adapt (and evaluate) evidence-based program to community needs
- Develop and test community-driven models

Opportunities for Linkages with Neuroscience

- Interactions between modifiable environmental factors and expression of genes linked to behavior
- Greater understanding of biological processes of brain development
- Opportunities for integration of genetics and neuroscience research with prevention research

To read more about project and view the full report, a 4-page report brief, and this presentation:

http://www.bocyf.org/parental_depression.html


Depression in Parents, Parenting, and Children
Opportunities to Improve Identification, Treatment, and Prevention
NATIONAL RESEARCH COUNCIL AND
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Impact of Depression

- Depression leads to sustained individual, family, and societal costs
- Specifically for parents, depression can
  - Interfere with parenting quality
  - Put children at risk for poor health and development at all ages
- At least 15.6 million children live with an adult who had *major* depression in the past year

Treatment: Current Evidence

- A variety of safe and effective tools exist for treating *adults* with elevated symptoms or major depression
- A variety of strategies to deliver these treatments exist in a wide range of settings
- Specifically for parents, evidence on the safety and efficacy of treatment tools and strategies generally DO NOT:
  - Target parents
  - Measure its impact on parental functioning or its effects on child outcomes (except during pregnancy and for mothers postpartum)

Prevention: Current Evidence

- Emerging prevention interventions for families with depressed parents or adaptations of other existing evidence-based parenting and child development interventions demonstrate promise for improving outcomes in these families
  - Prevent or improve depression in the parent
  - Target vulnerabilities of children of depressed parents
  - Improve parent-child relationships
  - Use two-generation approach
- Broader prevention interventions that support families and the healthy development of children also hold promise
- A variety of prevention programs are effective in low-income families and from varied culturally and linguistic backgrounds

Depression Prevention Examples

1. Family Talk, Beardslee, et al., 2009
2. Prevention of depression, Garber, et al., 2009
3. Parent/child coping session, Compas et al., in press.
4. Parental Bereavement, Sandler.

Implementation and Disseminating

- Emerging initiatives highlight opportunities and challenges in improving the engagement and delivery of care to diverse families with a depressed parent
  - Community, state, federal, and international level-initiatives
  - A wide range of settings offer opportunities to engage and deliver care to diverse families with a depressed parent
- Multiple challenges exist in implementing and disseminating innovative strategies
  - Systemic
  - Provider Capability
  - Financial

Recommendation Themes

- Putting Knowledge into Practice
- Continuing Course of Rigorous Research

Putting Knowledge Into Practice: Overarching Recommendations

- Make healthy mental, emotional, and behavioral development a national priority
  - Establish public prevention goals
- White House should establish ongoing multi-agency strategic planning mechanism
  - Align federal resources with strategy
- States and communities should develop networked systems

Putting Knowledge Into Practice: Funding

- Target resources to communities with elevated risk factors
- Facilitate researcher-community partnerships
- Prioritize use of evidence-based programs and promote rigorous evaluation across range of settings

Putting Knowledge Into Practice: Data Collection and Monitoring

- HHS should provide annual prevalence data and data on key risk factors
- SAMHSA should expand service use data collection

Continuing a Course of Rigorous Research: 10-Year Priorities

- Prevention (specific disorders and common risk factors) and promotion
- Replication, long-term outcomes, and multiple groups
- Collaborations across institutes and agencies for developmentally related outcomes
- Further improve current interventions

Additional Information

- Report available at: http://www.nap.edu
- Summary available as free download
- Report briefs being developed
- March 25 dissemination event
- Webcast of event to be posted on web

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